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SUPPLEMENT

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CORRESPONDENCE

Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters must be signed personally by all their authors.

The other crisis of health care

SIR,—I read your leading article "The other crisis of health care" (15 April, p 939) with interest. It is, of course, very difficult for a nation to budget the amount of money spent on its health, and I entirely agree that the problems of the National Health Service are not merely a shortage of money. The French and the Belgians, with whom I spent 12 months on prolonged study leave, similarly have their problems regarding finance. The French spend approximately one and a half times the British figure on health. Perhaps, however, your readers may be interested to hear what they get for it. The main points are:

(1) The patient has complete freedom of choice to see any doctor he wishes, and can go directly to a specialist if he wants to. This means he can visit a doctor not only in the same town but also in the next *Département* if he so wishes. It seems that in practice 85% approximately stay with the same GP. The patient can also choose his hospital—for example, a Parisian can have his gall bladder removed in Montpellier.

(2) A specialist can invariably be seen within a week for a consultation, and admission to hospital for an operation or investigation takes three to four weeks at the most.

(3) Many doctors are now tending to form groups, but in a different way from Britain. It is now commonplace for a group of GPs to link up with specialists such as psychiatrists, paediatricians, cardiologists, and pathologists. In one practice in Montpellier, for example, dentists, speech therapists, and home nurses also were included in the group.

(4) GPs in particular tend to work very long hours and the consultation rate as compared with the visiting rate is approximately 3 to 2. It is not uncommon for a GP to do 20-25 visits per day. Many GPs work a 12-hour day, including Saturday mornings, there being a rota for Sundays. (The average French GP earns approximately two and a half times the British rate.)

(5) The patient pays for his services, be this to GP, specialist, dentist, chiropodist, or nurse. *Sécurité Sociale* covers 99% of the population and pays 75-80% of the fee and costs. *Aide Sociale* ensures that the poor pay nothing, and there are maximum fees in existence, in addition to a long list of exemptions from any charges for certain diseases. French law also states that a doctor if summoned must attend the patient in an emergency. 50-55% of patients are covered for the rest of the costs by various private *mutualités*. Fees are controlled by the Government.

(6) Dentists provide a 24-hour cover including Sundays and public holidays. Similarly, pharmacies are open by rota day and night. Home nursing is available at any time and home physiotherapy and chiropody are commonplace. There is also an emergency doctor service should one's doctor of choice be unavailable.

(7) For emergencies there is the *Service d'Assistance Médicale d'Urgence*. SAMU is a casualty service with a difference. It is based at the main teaching hospitals, which are equipped with a fleet of ambulances, helicopters, nurses, and doctors. Teams of doctors go out if necessary to attend to accidents and urgent medical situations, and it is indeed a "flying squad."

(8) Maternity allowance is paid depending on attendance at antenatal clinic for at least three examinations. This may explain why the French perinatal mortality rates and infant mortality rates have been consistently lower than the British for a number of years now.

(9) The French live slightly longer than we do (despite the scourge of alcoholism).

(10) Non-salaried doctors and paramedical workers can live where they wish within France without Government influence or interference.

My impression of medicine in France (and Belgium is very similar) is one of a contented, dedicated, hard-working profession in which the patient "calls the tune." Indeed, a non-salaried doctor gets no income if he sees no patients and has to compete with colleagues for a livelihood. Though a certain amount of "playing to the gallery" no doubt takes place, it is good medicine and good manners which are the essential requirements. I have never seen a better doctor-patient relationship anywhere. There is no doubt that the French system not only works, but works a great deal better than ours. The average "Frenchman in the Street" is infinitely better off than his British counterpart. Perhaps, however, the Australian system of the bills being sent to the Government would be more morally acceptable.

My final comment is this. If an individual or a nation wishes to spend a lot of money on health why should this be such a bad thing?

A E FINNIGAN

Oxford

Psychiatric problems after mastectomy

SIR,—Dr G P Maguire (15 April, p 693) has drawn attention to the reluctance of doctors to recognise and treat psychiatric problems in patients who have recovered from mastectomy and therefore may be presumed to be "well." Our findings[1] are essentially similar to Maguire's, but the conclusions we have drawn are somewhat different.

In a consecutive series of 160 women (69 with operable breast cancer and 91 with benign breast disease) we assessed prior to and at three, 12, and 24 months following operation the marital, sexual, interpersonal and work adjustment, depression, and personality characteristics by means of rating scales and standard psychological tests. By two years, there were no significant differences in social adjustment between breast cancer patients and benign breast disease controls. However, 22% of cancer patients were rated moderately or severely depressed on the Hamilton Rating Scale for Depression[2] at two years compared with 8% of benign breast disease controls, and this figure was not related to the presence of clinically advancing disease in the cancer patients. Patients therefore do not experience spontaneous resolution of their